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Consultant Job Planning

STANDARDS OF BEST PRACTICE

An agreement between the BMA(NI) Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland

Contents

- Page 4** **Introduction**
- Page 6** **Overall approach and process**
- Scope of job plan
 - Agreeing a job plan
 - Job plan reviews
 - Where agreement cannot be reached on a job plan
- Page 8** **Agreeing duties and responsibilities**
- Page 10** **Agreeing scheduling of commitments**
- Timetabling and location of job plan commitments
 - Clinical academics
 - Fee-paying work
 - Non-HPSS commitments
 - Annualisation
- Page 13** **Agreeing objectives**
- Personal objectives
 - Relationship with wider objectives
 - Meeting objectives
- Page 15** **Agreeing the support needed to fulfil job plans**
- Resources
 - Identifying potential barriers
 - Personal development

Key points

- A consultant job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. In most cases, it will build upon the consultants' existing HPSS commitments.
- Effective job planning is based on a partnership approach enabling consultants and employers to:
 - ⇒ better prioritise work and reduce excessive consultant workload;
 - ⇒ agree how a consultant or consultant team can most effectively support the wider objectives of the service and meet the needs of patients;
 - ⇒ agree how the HPSS employer can best support a consultant in delivering these responsibilities;
 - ⇒ provide the consultant with evidence for appraisal and revalidation;
 - ⇒ comply with Working Time Regulations; and
 - ⇒ reward activity above the standard commitment via prospectively agreed additional Programmed Activities for those on the new 2003 contract.
- Under the recommended standards set out in this guidance, consultant job plans should:
 - ⇒ set out agreed personal objectives and their relationship with the employing organisation's wider service objectives;
 - ⇒ set out how the employer will support consultants in delivering agreed commitments, e.g. through providing facilities, training, development and other forms of support;
 - ⇒ include a work schedule that covers all professional work, including teaching, research, management or other service responsibilities and clinical governance activities, and takes into account non-HPSS commitments;
 - ⇒ set out agreed arrangements for the location(s) at which consultants carry out their duties and responsibilities, including identifying work that can be carried out flexibly;
 - ⇒ set out agreed arrangements for carrying out fee paying services, defined in the new (2003) contract (also known as category 2 work), based on the underlying principle that such work should not disrupt HPSS duties;
 - ⇒ be reviewed annually; and
 - ⇒ be undertaken on a team basis, where this is likely to be more effective.

- HPSS employers should ensure a dialogue with clinical academics and university employers to agree and ensure mutual awareness of academics' commitments.
- Where these standards set out recommended good practice for consultants, the criteria for clinical excellence awards will include evidence that consultants are meeting those standards.

JOB PLANNING: BEST PRACTICE GUIDELINES, 2003

1 Introduction

- 1.1 These standards of best practice are designed to apply to medical and dental consultants employed by the HPSS in Northern Ireland.
- 1.2 Participation in job planning has been an agreed requirement under national terms and conditions of service for consultants since 1991. These standards represent recommended guidance on best practice in relation to consultant job planning, both for consultants who take up the proposed new contract and for consultants who choose to remain on their current contract.
- 1.3 Where these guidelines set out recommended standards of practice for consultants, adherence to those standards will form part of the eligibility criteria for clinical excellence awards.
- 1.4 This document refers to 'consultants' and 'HPSS employers' throughout. It is recognised that some consultants also have employment relationships with the University sector, with responsibilities for research and teaching. These responsibilities and the interests of University employers are of equally high priority and should be actively considered and taken into account when agreeing job plans.
- 1.5 Job planning should not be a time consuming or resource intensive process. If used well by both parties, it can be a highly effective tool for planning how the work of consultants and consultant teams, together with associated resources, can be most effectively and efficiently organised.
- 1.6 Effective job planning, covering the full range of consultants' HPSS duties, should have strong mutual benefits both for consultants and for HPSS employers. For consultants it should help:
 - clarify the commitments that are expected of them and the resources and other support they can expect from the employer to help meet these commitments;
 - prioritise work and better manage excessive workload;
 - promote flexible working;
 - support, where appropriate, a phased approach to consultant careers; and
 - provide evidence of current practice that could form part of the evidence for GMC revalidation procedures.
- 1.7 For HPSS employers, effective job planning should help in:
 - planning the most effective use of overall resources;

- ensuring compliance with the Working Time Regulations;
- agreeing and providing transparency as to how consultants' work can most effectively support the employing organisation's wider objectives;
- identifying possible changes in capacity, skill mix and/or ways of working; and
- agreeing appropriate time and resources to support clinical governance, quality improvements, teaching, education and research.

The wider context

1.8 To maximise improvements to patient care, HPSS employers need to work closely with consultants to help re-define services around the needs of HPSS patients. Ways of working for HPSS consultants and wider clinical teamwork need also to take into account:

- the planned expansion in consultant numbers;
- the implementation of the European Working Time Directive; and
- modernising medical careers and changes to teaching and education practices.

1.9 Alongside these changes, the HPSS should be seeking to make ongoing improvements to the quality of consultants' working lives. This includes:

- helping manage consultant workload, through effective deployment of consultant expansion, optimum prioritisation of work, better administrative support, and greater delegation of some duties to other members of the health care team;
- supporting consultants who wish to work in more flexible ways in accordance with 'Improving Working Lives' and any parallel Northern Ireland initiatives, for instance by better organising work to reflect family responsibilities, using annualised hours or similar approaches, where appropriate, to fit around childcare responsibilities, and introducing job shares;
- a more planned and phased approach to consultant careers, with – for instance – greater opportunities for more senior consultants to adapt their range of duties and greater use of sabbaticals;
- greater rewards for those who make the greatest contribution to the HPSS; and
- for consultants on the new 2003 contract who prospectively agree to working above their contractual commitment, the additional Programmed Activities will be paid under the terms of that contract.

2 Overall approach and process

Scope of job plan

- 2.1 A job plan should be a prospective agreement that sets out a consultant's duties, responsibilities and objectives for the coming year. It is likely to build on the duties, responsibilities and objectives set out in the job plan for the previous year.
- 2.2 The job plan should cover all aspects of a consultant's professional practice including clinical work, teaching, education, research, and budgetary and managerial responsibilities.
- 2.3 The job plan should cover:
 - the consultant's main duties and responsibilities (see section 3 of this guidance);
 - scheduling of commitments (see section 4);
 - personal objectives, including any continuing medical education and training, and their relationship with wider service objectives (see section 5); and
 - the support needed in fulfilling the job plan (see section 6).

Agreeing a job plan

- 2.4 Job planning requires a partnership approach. Job plans should be drawn up and agreed between consultants and their clinical manager. The Chief Executive of the HPSS organisation should ensure that all consultants have agreed job plans, but the detailed discussion will usually take place between the consultant and his/her Medical Director or a Clinical Director or other lead clinician, nominated by the Medical Director. The consultants should prepare for the job plan meeting by maintaining a record of how they have carried out their existing job plan.
- 2.5 Job planning is separate from, but should be closely linked to, the process of consultant appraisal and agreement of personal development plans. Job planning may help provide a record of a consultant's practice that could form part of the evidence for appraisal and revalidation.

Job plan reviews

- 2.6 A job plan review should take place annually. The review should normally take place as soon as possible after the annual appraisal meeting. Either the consultant or the clinical manager may wish to propose an interim job plan review, for instance where duties, responsibilities or objectives have changed or need to change significantly within the year.

- 2.7 The review should be designed to:
- consider what factors have affected the carrying out of the duties and responsibilities set out in the job plan;
 - consider progress against the personal objectives in the job plan and the factors involved;
 - consider current levels of workload;
 - agree any changes to the consultant's duties and responsibilities, taking into account opportunities in relation to staffing, skill mix and ways of working and, if the consultant wishes, the scope for more flexible ways of working;
 - agree a plan for achieving a consultant's personal objectives; and
 - agree what support the consultant will need from the organisation and from colleagues to help achieve these objectives.
- 2.8 The job plan review should also be the occasion for reviewing the relationship between HPSS duties and any private practice (in line with the Code of Conduct for Private Practice).
- 2.9 To support a more planned and phased approach to consultant careers, it would be good practice to hold a broader career review from time to time, possibly linked to the quinquennial revalidation procedures.

Where agreement cannot be reached on a job plan

- 2.10 Consultants and employers should make every possible effort to agree job plans. In the rare circumstances where a consultant and employer fail to reach agreement on the content of a job plan, either initially or at a job plan review, they should follow the procedures set out in the consultant's terms and conditions of service for resolving differences and, if the consultant requests it, for appeal.

3 Agreeing duties and responsibilities

- 3.1 The job plan should set out the main duties and responsibilities of the post and the service to be provided, for which the consultant, or group of consultants, will be accountable.
- 3.2 For consultants on the new (2003) contract, these duties and responsibilities will distinguish between direct clinical care duties, supporting professional activities, additional HPSS responsibilities and external duties.
- 3.3 For consultants who choose to remain on the old (pre-2003) contract, it is recommended that the job plan should cover the following aspects:
- medical and clinical responsibilities;
 - any academic research and teaching;
 - personal management and development responsibilities;
 - any special additional responsibilities; and
 - any agreed external duties.

Duties and responsibilities referred to in 3.2 and 3.3 are set out below.

Medical and clinical responsibilities

- For the majority of consultants, the main part of their responsibilities will cover emergency duties (including emergency work arising from on-call duties), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, multidisciplinary meetings about direct patient care, public health duties and administration directly related to the above (including but not limited to notes and referrals).

Academic research and teaching

- For some consultants, all or a significant part of their main responsibilities may cover other aspects of health provision such as providing medical education, formal teaching and academic research.

Personal management and development responsibilities

- These activities are essential to the continuing professional development of consultants and support the provision of medical and clinical activities. For the majority of consultants these responsibilities will include participation in continuing professional development, training, teaching, audit, job planning, appraisal, research, local clinical governance duties and clinical management.

- To assist the planning process, it is recommended that the job plan should include continuing professional development and training and/or study leave commitments where these are known at the time of the job plan review.

3.4 By agreement between the employer and consultant, the job plan may also cover other contributions to the HPSS, either for a consultant's main employer or for the wider HPSS. It is recommended that all such agreed contributions should be covered in the job plan, regardless of whether they are remunerated separately or whether they form part of the consultant's main contract and substitute for other sessions.

Additional responsibilities for main employer

- These are special additional responsibilities not undertaken by most consultants in the employing organisation. They could include responsibilities of medical directors, directors of public health, clinical directors and lead clinicians. They could also include activities as, or on behalf of, undergraduate and postgraduate deans, clinical tutors, regional educational advisors, clinical audit leads, clinical governance leads or Caldicott guardians.

Other duties and activities within the wider HPSS

- Certain external duties, including work for other HPSS organisations, may be specified as part of the job plan by agreement between the consultant and employer.
- Such duties might include: reasonable quantities of work for the Royal Colleges in the interests of the wider HPSS, reasonable quantities of work for a Government Department, acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Authority, undertaking inspections for the Commission for Health Improvement (or its successor body), specified work for the General Medical Council, or trades union duties.

3.5 At the discretion of the employer, paid professional leave or unpaid leave may be available for other professional activities not covered in the job plan.

4 Agreeing scheduling of commitments

Timetabling and location of job plan commitments

- 4.1 The consultant and employer should use the process of job planning and job plan reviews to agree how and when the full range of commitments covered by the job plan should be delivered.
- 4.2 The clinical manager should prepare a draft job plan that should then be discussed and agreed with the consultant. The agreement should take into account the consultant's views on resources and priorities and the employer's ability to provide the necessary supporting resources.
- 4.3 The employer and consultant should agree a timetable setting out when and how the commitments set out in the job plan will be delivered and the nature and location of the activity. This should cover all activities covered in the job plan, including medical and clinical responsibilities, personal management and development responsibilities, and any agreed additional responsibilities for the main employer or within the wider HPSS (see section 3).
- 4.4 Clinical managers and consultants should, where appropriate, agree flexible arrangements for timing of work. Under the new (2003) contract, although programmed activities are expressed in units of four hours, or in half units of two hours each, a schedule can be composed of commitments of other durations to reflect service needs and individual circumstances.
- 4.5 Attaching a time value to commitments in the job plan should be regarded as providing greater transparency about the level of commitment expected of consultants by the HPSS. It should not in any way diminish professionalism or override clinical judgement.
- 4.6 For consultants on the new (2003) contract, non-emergency work after 7pm and before 7am during weekdays or at any time at weekends should only be scheduled by mutual agreement between the consultant and his or her clinical manager. Consultants have the right to refuse non-emergency work at such times without detriment to pay progression or any other matter.
- 4.7 The employer and consultant should agree the location(s) from which the commitments in the job plan will be carried out. There should be local flexibility to agree off-site working where appropriate.
- 4.8 Where job planning takes place on a team basis, each individual team member should agree a schedule of commitments.

- 4.9 All time taken out of the agreed working week (annual leave, professional or study leave) should be agreed with the employer in advance.
- 4.10 The consultant should be responsible for making every reasonable effort to work to the agreed job plan and the employer for making every reasonable effort to provide the necessary supporting resources (see section 6).

Clinical academics

- 4.11 In the case of consultants who are also clinical academics, or undertaking teaching activities away from their principal place of employment (e.g. at a university), job plans should take full account of both university commitments and HPSS commitments.
- 4.12 The HPSS employer should ensure that there is discussion with the university employer and the consultant to ensure that the job plan is mutually agreed and that all parties are aware of the consultant's full range of commitments. Job planning should take account of the likelihood of medical or clinical responsibilities resulting in emergency care that may impact on other scheduled responsibilities.
- 4.13 There should be equal importance attached to HPSS and university work, with clear delineations as to when a consultant is working for which employer.

Fee-paying work

- 4.14 Fee-paying work, defined in the new (2003) contract, also known as category 2 work, (including work for government departments) and additional work for HPSS organisations outside the main contract (e.g. domiciliary visits), may be:
- carried out in the consultant's own time or in annual or unpaid leave;
 - carried out alongside the duties specified in the job plan, with the agreement of the employer and with the fee remitted to the employer; or
 - where the work causes minimal disruption to HPSS duties and at the discretion of the employer, carried out alongside the duties specified in the job plan without the fee being remitted to the employer.
- 4.15 The consultant and employer should agree as part of the job plan and job plan review how any fee-paying work of this kind should be carried out.
- 4.16 Where changes to the pattern of fee-paying work are likely to affect the performance of duties set out in the job plan, the consultant should agree

with the employer at least two months in advance how this should be handled and, where necessary, agree a revised schedule of HPSS duties.

Non-HPSS commitments

- 4.17 Any regular non-HPSS commitments, including regular private commitments, should be identified in the consultant's schedule to provide transparency, assist planning and timetabling of HPSS work, and help organise out of hours cover (see also Code of Conduct for Private Practice).
- 4.18 Scheduling of HPSS work should take priority over the scheduling of non-HPSS work, subject to the employer providing sufficient notice of any proposed change to the agreed schedule (see Code of Conduct for Private Practice).

Annualisation

- 4.19 Timetables may cover a week, but alternative approaches covering a number of weeks, or annualisation, may be adopted where appropriate and where agreed between consultant and employer.

5 Agreeing objectives

- 5.1 The job plan should set out agreed personal objectives and their relationship with the employing organisation's wider service objectives.

Personal objectives

- 5.2 A consultant's personal objectives should be agreed following the annual appraisal exercise. They should take into account:
- the needs of HPSS patients;
 - the development needs of the consultant;
 - the wider objectives of the HPSS organisation, directorate or team;
 - the stage of the consultant's career;
 - continuing medical education and training objectives; and
 - any changes in ways of working agreed between the consultant and clinical manager.
- 5.3 The nature of a consultant's personal objectives will depend in part on his or her specialty, but they may include objectives relating to:
- quality
 - activity and efficiency
 - clinical outcomes
 - clinical standards
 - local service objectives
 - management of resources, including efficient use of HPSS resources
 - service development
 - multi-disciplinary team working.
- 5.4 Personal objectives of this kind should represent a reasonable expectation of successful professional practice.
- 5.5 Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.

Relationship with wider objectives

- 5.6 The job plan should identify how the consultant's personal objectives relate to any relevant service objectives for the HPSS organisation, directorate or team.

Meeting objectives

- 5.7 Agreed personal objectives, although an integral part of the job plan, should not be contractually binding. Consultants should nonetheless

make all reasonable efforts to work towards the achievement of these objectives.

- 5.8 Personal objectives should be agreed on the understanding that achievement of objectives may be affected by circumstances or factors outside the control of the individual consultant or consultant team.
- 5.9 Failure to achieve personal objectives should not be viewed negatively if the consultant has made all reasonable efforts to meet the agreed objectives. Where the employer considers that a consultant has not made reasonable efforts to meet these objectives, the job plan review should normally be used to explore the reasons involved. This should be followed by agreeing appropriate objectives for the following year and the support needed to help meet these objectives.
- 5.10 The process of job planning and job plan reviews should be used to assess the resources and other support that the employer needs to make available to enable objectives to be achieved, together with identifying and addressing any organisational or systemic blocks that may prevent the consultant or consultant team from achieving the objectives.

6 Agreeing the support needed to fulfil job plans

- 6.1 HPSS employers are responsible for ensuring that consultants have the facilities, training, development and other support needed to help deliver the commitments in the job plan.

Resources

- 6.2 Employers and consultants should use the process of job planning and job plan reviews to identify the resources that are likely to be needed to help carry out job plan commitments and help achieve job plan objectives. This may include facilities, administrative, clerical or secretarial support, IT resources and other forms of support.
- 6.3 The agreed resources should be specified in the job plan.

Identifying potential barriers

- 6.4 Both employers and consultants should proactively seek to identify potential organisational or systems barriers that may affect the ability to carry out job plan commitments and achieve job plan objectives. For example, if a consultant identifies that delays are occurring in patient throughput because of delays in the provision of other services, then this should be raised with the employer during the job plan review. Agreed factors of this kind – and the employer’s proposed actions for resolving the problem – should be noted in the revised job plan.

Personal development

- 6.5 HPSS employers have a responsibility for the development of all their staff.
- 6.6 Personal development and continuing medical education are equally important aspects of a consultant’s career. A consultant’s developmental aspirations may change through the course of his or her career. As part of their personal development, consultants should have the opportunity to adapt their personal and career aims, improve their skills and take on new roles and responsibilities taking into account service needs.
- 6.7 Continuing medical education is a core principle that underpins clinical governance. Consultants are also required to demonstrate that their practice is up to date as part of the appraisal and revalidation process. In order to employ the safest and most up-to-date techniques, a consultant needs to be given opportunities for further professional training and education. Consideration should also be given to reviewing onerous work patterns, particularly for consultants with longer experience.

- 6.8 The job plan should include agreed aims for personal development and continuing medical education and identify appropriate time and resources for these activities.